
CHILD INTAKE FORM**(Parent Questionnaire)****CHILD**Pregnancy and birth: Any complications? ☐ Yes ☐ No; if yes, briefly explain: _____

Developmental milestones: (Ages) Sitting:_____ Walking_____ Talking_____ Toilet-trained_____

Medical problems: ☐ Yes ☐ No; if yes, briefly explain: _____Please list any jobs or chores your child has at Home or at school-for example, feeding the dog, making the bed, safety patrol. ☐ None

How well does your child do these jobs/chores?

Poor

Average

Great

1. _____

1 2

3

4

5

2. _____

1 2

3

4

5

3. _____

1 2

3

4

5

What are your child's strengths? _____

How many closed friends does your child have?

☐ None☐ 1☐ 2 or 3☐ 4 or more

How many close friends in the neighborhood does your child have?

☐ None☐ 1☐ 2 or 3☐ 4 or more

How many times a week does your child do things with them?

☐ None☐ 1☐ 2 or 3☐ 4 or more

Compared to other children his/her age, how does your child get along with other children?

Poor

1 2

Average

3

4

Great

5

What are your child's favorite recreational or extracurricular activities? _____

Comments: _____

Who generally disciplines the child? _____

What methods are used? _____

Do parents agree on methods of disciplines? ☐ Yes ☐ No; if no, please elaborate: _____

CHILD INTAKE FORM
(Parent Questionnaire)
Assessment Instructions

What do you feel caused your child's problem? _____

What have you been told by doctors, teachers, and/or others about your child's problems? _____

Has your child had any other mental health evaluations or treatment? _____

What have you done to try to deal with your child's problem? _____

Has any other member of your child's immediate family had mental health treatment? _____

Other comments: _____

May we contact the child's primary physician? ☐ To receive information

☐ To give information

May we contact the child's teacher(s)

☐ To receive information

☐ To give information

(Signed) Parent or guardian

CHILD INTAKE FORM**(Parent Questionnaire)****FAMILY RECORD**

Check condition and relationship of any blood relative who has or has had any of the conditions listed below:	YES	NO	Being treated	Father	Mother	Grandfather	Grandmother	Brother	Sister	Son	Daughter	Other	Indicate other relative
Alcoholism/substance abuse													
Allergies													
Birth defects													
Cancer													
Colitis													
Depression													
Heart attack													
High blood pressure													
Kidney disease													
Liver disease													
Migraines													
Mental illness (ie. Depression, anxiety)													
Seizure disorder													
Mental retardation													
Learning disorder													
Attention problems													
Suicide / suicide attempt													
Other													

Family member	Living?	Age	Current health			If deceased, reason for death
			Good	Fair	Poor	
Father						
Mother						
Brother (s)						
Sister (s)						

Last physical exam date: _____

Doctor's notes: _____

CHILD INTAKE FORM**(Parent Questionnaire)****SCHOOL HISTORY**Has child been enrolled in a nursery or day care? ☐ Yes ☐ No At what age? _____Has child attended kindergarten? ☐ Yes ☐ No At what age? _____Has child begun elementary school? ☐ Yes ☐ No

At what age did he/she enter first grade? _____ What is present grade placement? _____

If your child has ever been to school (including nursery, kindergarten, and grade school), complete the following for all grades beginning with nursery and ending with current placement. Please indicate if your child repeated a grade or is in a special class (gifted/talented, learning disabled, behavior-disordered, emotionally disabled, etc.)

Grade	School	Comments

Current school performance (for children ages 6 and older):

☐ Does not go to school

	Failing	Below average	Average	Above average
Reading				
Writing				
Arithmetic/math				
Spelling				
<i>Other academic subjects (history, science, foreign language, geography, etc.</i>				

PARENTAL CONCERNS

What do you feel is your child's main problem? _____
